illness). We found him labouring under complete paraplegia, including the pelvic region, which to us was a matter of much interest in ascertaining the cause of this paralytic attack. We were well satisfied that his disease was of the lungs. 'Auscultation told the tale.' There was no soreness or tenderness on pressure over the region of the spine; and, having been taught that, if the immediate cause of abolished nervous function was seated in the upper portion of the spine, or nerves of that part, paralysis would have attacked the superior extremities, consequently we were at a loss to account for the paraplegia, and I must confess that I am not yet satisfied relative to this matter. Sensibility and the power of motion were both destroyed. It was found necessary to evacuate the bladder daily until his death, by use of the catheter. His treatment, from this time on, consisted simply in remedies calculated to ease him gently down the declivity of time, as we were well satisfied that he must die. On auscultation, we found over the region of the superior lobe of the right lung, no perceptible sound for a space of two inches in diameter; the other parts of the lungs gave forth a peculiar low whizzing sound, much like blowing gently into an empty gallon tincture bottle. Such has been the history of the case.

"Post-mortem nine hours after death. Present, Drs. Crain and Marsh. I found the lungs, except the specimen sent, of a dark brown colour, much softened—could be easily torn with the fingers—filled with a light red serous substance, and frothy. On the inferior lobe of the left lung, at its base, was a spot the size of a shilling, of a hard cheesy substance, supposed to be the origin of an osseous formation similar to the specimen sent you, which was taken from the superior lobe of the right lung, firmly adherent to the pleura and attached to the spine. It is to be much regretted that we did not make a more thorough dissection; but, not expecting to find disease of this nature—making examination to satisfy his friends, and for our own defence as physicians, as others denied the existence of disease of the lungs, is our only excuse."

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Remarks on Ozone, and its Supposed Influence in the Production of Epidemic Diseases, especially of Epidemic Cholera. By Robert Peter, M.D. (*Transylvania Med. Journ.*, Oct. 1849).—Professor Peter has been induced to test by experiments the accuracy of the ozone theory, and he gives in this paper the results of his observations. About the time of the commencement of the cholera in Lexington, he prepared a thin paste, by boiling starch in water, and about one-twelfth of its weight of pure iodide of potassium was dissolved in it; this, smeared on a strip of white bibulous paper by means of a feather, formed the ozonometer, which was suspended on a wire in a free current of air, in the shade, in an open window of my study. The observations were made, and the ozonometer renewed every morning.

The experiments prove that there is by no means a constant relation between the probable amount of ozone in the air, as indicated by the iodized paper, and the severity of the disease as determined by the number of deaths; and that, especially, the indications of ozone do not cease with the cessation of cholera: on the contrary, ozone is now in apparently as large proportion as it was during the prevalence of a severe grade of the disease; and everything leads to the supposition, that the principle, whatever it may be, which discolours the iodide of potassium, is rarely absent from the atmosphere.

The ozone theory of cholera, therefore, is not sustained.

The following considerations present themselves against the truth of this supposition:—

1. Ozone is a vaporous or gaseous substance, and, like all aëriform bodies, tends to diffuse itself in all directions equally and rapidly throughout the air. It would not, therefore, remain long in one part of the atmosphere, nor could it remain in abundance in one house, or one street, while the neighbouring ones contained but little. But, during the late existence of cholera in Lexington, at the Lunatic Asylum, as well as subsequently in the city, it sometimes moved about in an unaccountable manner; jumping, as it were, from the lower part of one building to the upper part of another, at the asylum; and in the city, appearing with sudden violence in certain districts, while neighbouring ones were comparatively exempted; when no apparent cause, such as the presence of materials generating malaria, or the conveyance of the disease by con-

tagion, appeared to account for its sudden outbreak. A striking fact, in this connection, is the circumstance that the cholera prevailed with great violence in the Lunatic Asylum for about six weeks, when no cases occurred in the city, in the suburbs of which it is located; and when, afterwards, the disease broke out in the city, the asylum remained during the whole time of the attack perfectly free from the disease.

2. If ozone is produced by electrical causes, it certainly must be present in the atmosphere of South America; but the history of cholera shows a remarkable exemption from the epidemic of that part of the continent.

3. As the slow combustion of phosphorus is said always to be accompanied by the formation of ozone, the workmen in the manufactories of friction matches, who breathe daily in an atmosphere filled with the fumes of phosphorus, would undoubtedly suffer from influenza or cholera, provided ozone was instrumental in the production of those diseases; but no unusual appearance of the kind is observed amongst them.

Other considerations could be given; but the observations described above show conclusively the want of connection between the presence of ozone in the atmosphere and epidemic cholera.

Wound of the Brain—Recovery. By WILLIAM KENNEY, M.D. (*Western Journ. Med. and Surg.*, Oct. 1849.)—The subject of this case was a lad 17 years of age, who received a stab with a common pocket-knife, blade two inches and a half in length, and three-quarters of an inch in width, tapering abruptly on back and edge to a point. The wound was in the left temporal region. The knife was driven with such force as to penetrate the brain the full length of the blade, at a point midway and about three-quarters of an inch above a line drawn from the external angle of the eye to the *meatus auditorius internus*. The handle of the knife, as it stood, looked slightly forwards and upwards, and was so firmly fixed between the divided bone that it was with great difficulty that the knife was removed. During its presence in the brain, and after its removal, the patient complained of great pain in the left eye, and over the frontal region of that side. Its removal was followed by hemorrhage, to the amount of ten or twelve ounces, vomiting and stupor. The patient was taken from the street, his wound washed, and without farther dressings being applied, was placed in bed, with the head raised, and ordered the free use of cold applications to scalp; sinapisms to the extremities; twenty grs. calomel; rest and quiet. Under this treatment, in less than three weeks he entirely recovered.

Amussat's Operation for Artificial Anus.—It is stated, in our new cotemporary, the *Transylvania Medical Journal* (Oct. 1849), that this operation was performed by Prof. J. M. BUSH, in Dec. 1847, upon a lady 30 years of age, affected with stricture of the colon about the termination of the sigmoid flexure. For several weeks prior to the operation, there had been great difficulty in the evacuation of the bowels; and during ten days, immediately preceding, there was complete occlusion of the canal. During this time, the patient experienced the most agonizing paroxysms of suffering from the enormous distension of the bowels; and, all the palliative measures that could be employed having failed to afford even temporary relief, the last and desperate resource was adopted. Relief was almost instantaneous; the tympanitic condition of the bowels subsided in a few moments, and the patient suffered no more from the intolerable torment which had previously nearly worn out her existence. The patient was extremely emaciated, and the parietes of the cavity were so attenuated that the incisions were very superficial. The bowel was very much distended, was easily recognized by its tympanitic state, and the concluding portions of the operation [consisting in fixing the bowel to the external incision, and establishing communication] were completed with entire facility. Eight days after the operation, the wound had healed completely, but unfortunately at this time symptoms of an unfavourable character arose, which progressed until the fourteenth day, when death put a period to the patient's sufferings.

An Account of the First Use of Sulphuric Ether by Inhalation as an Anæsthetic Agent in Surgical Operations. By C. W. LONG, M.D., of Jefferson, Jackson